



STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION
APPLICATION FOR DUPLICATE ENROLLMENT CERTIFICATE

MISSOURI BOARD OF ARCHITECTS,
PROFESSIONAL ENGINEERS, PROFESSIONAL LAND
SURVEYORS AND PROFESSIONAL LANDSCAPE
ARCHITECTS
3605 Missouri Boulevard, Suite 380
P.O. Box 184
Jefferson City, Missouri 65109/65102

INSTRUCTIONS

This application must be typewritten.

Enter your name as it now appears on the records of the Board office.

Fill in your enrollment number.

Enter your current address. This is the address to which you want all correspondence from the Board office to be sent.

Indicate in Section II, number 4, whether the original enrollment card has been lost, mutilated, destroyed or other.

Read the affidavit statement and sign the affidavit.

Have this affidavit notarized.

This application must be accompanied by a check for \$10.00 made payable to the Missouri Board of Architects, Professional Engineers, Professional Land Surveyors and Professional Landscape Architects. The \$10.00 fee is non-refundable.

Forward completed, notarized application with required fee to the address indicated at the top of this application. If you have any questions regarding this application, you may call the Board office at (573) 751-0047.

INFORMATION

NAME		ENROLLMENT NUMBER	
CURRENT MAILING ADDRESS (SEE INSTRUCTIONS ABOVE)			
E-MAIL ADDRESS - REQUIRED		TELEPHONE NUMBER	
A DUPLICATE ENROLLMENT CERTIFICATE IS BEING REQUESTED FOR THE REASON THAT THE ORIGINAL HAS BEEN: (CHECK ONE)			
<input type="checkbox"/> LOST <input type="checkbox"/> MUTILATED <input type="checkbox"/> DESTROYED <input type="checkbox"/> OTHER			

AFFIDAVIT

STATE OF	SS.	I, THE UNDERSIGNED, RESPECTFULLY REQUEST THE BOARD TO ISSUE AND FORWARD TO ME A DUPLICATE ENROLLMENT CERTIFICATE, AND BY THIS AFFIDAVIT, SWEAR THAT THE STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE TRUE.	
COUNTY OF			
SEAL		SIGNATURE OF APPLICANT	
SUBSCRIBED AND SWORN TO BEFORE ME THIS		DATE	
MY COMMISSION EXPIRES		DATE	
SIGNATURE OF NOTARY PUBLIC			